

*R200064919*

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000050692 3)))



H240000506923ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : ORR, COOK, FIX & STEWART, PLLC  
Account Number : I20210000132  
Phone : (904)358-8300  
Fax Number : (904)358-8303

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
233 LEMMON LANE LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2024 FEB -6 PM 2:49

2024 FEB -6 PM 12:50  
STATE  
FILED

H24000050692

**ARTICLES OF ORGANIZATION  
OF  
233 LEMMON LANE LLC**

These Articles of Organization are submitted for the purpose of forming a limited liability company pursuant to the Florida Revised Limited Liability Company Act, Chapter 605, Florida Statutes, as the same may from time to time be amended, superseded or replaced (the "Act").

**ARTICLE I - NAME**

The name of this limited liability company (the "Company") is 233 Lemmon Lane LLC.

**ARTICLE II - ADDRESS**

The initial address of the principal office and the initial mailing address of the Company is 21 Payne Trail, Ponte Vedra, Florida 32081.

**ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of the Company is 7720 Baymeadows Rd E, Jacksonville, Florida 32256 and the name of its initial registered agent at such address is Meg S. Hixon, Esq.

**ARTICLE IV - MANAGEMENT OF THE COMPANY**

The Company is to be managed by its members and is, therefore, a member-managed company. The initial member of the Company is Joshua Bowling.

**ARTICLE V - LIMITED LIABILITY**

Except as otherwise expressly provided by the Act, no member, manager, officer, agent or employee of the Company shall be personally liable for the debts, obligations or liabilities of the Company, whether arising in contract, tort or otherwise, or for the acts or omissions of any other member, manager, officer, agent or employee of the Company.

**IN WITNESS WHEREOF**, the undersigned, being an authorized representative of the Member of the Company, has executed these Articles of Organization this 6th day of February, 2024. In accordance with Section 605.0205(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

*Meg S. Hixon*

Meg S. Hixon, Esq., Authorized Representative

FILED  
FEB - 5 PM 12:50  
STATE

H24000050692

H24000050692

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 605.0113, Florida Statutes, the below named limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent in the State of Florida:

- 1. The name of the limited liability company is:

**233 Lemmon Lane LLC**

- 2. The name and address of the registered agent and office are:

**Meg S. Hixon, Esq.  
7720 Baymeadows Rd E.  
Jacksonville, FL 32256**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

DATED: February 6, 2024

*Meg S. Hixon*  
\_\_\_\_\_  
Meg S. Hixon, Esq.  
Registered Agent

**FILED**  
2024 FEB -6 PM 12:50  
STATE

H24000050692